

Montana Breast and Cervical Health Program Policy and Procedure Manual

DEFINITIONS

Administrative Site

An administrative site is an organization with whom the Montana Breast and Cervical Health Program (MBCHP) contracts to implement the program in a multi-county area. Administrative sites are responsible for outreach, recruitment, coordinating community efforts, coalition building, providing screening support services and case management, serving as liaison to enrolled medical service providers, and conducting public and professional education activities.

Central Billing and Reimbursement Agent

The central billing and reimbursement agent is the intermediary with whom the MBCHP contracts to receive claims, conduct claims adjudication, and issue reimbursement checks. This vendor:

- receives all claims for services and matches claims with eligibility data from MBCHP data collection forms.
- authorizes payment of all claims on behalf of the MBCHP.
- reviews all enrolled medical service providers for compliance with insurance, licensure, and certification requirements, as well as with the requirements of the Centers for Disease Control and Prevention (CDC).
- updates for the provider mailing list
- informs all providers with an explanation of benefits for all services.
- ensures that the MBCHP is the payer of last resort.

Clinical Diagnostic Services

Clinical diagnostic services are the services that follow an abnormal screening test result. For breast cancer, these include: diagnostic mammography, fine needle aspiration, ultrasound, biopsy (excisional, core-needle, and stereotactic), and surgical consultation. For cervical cancer, clinical diagnostic services include, colposcopy, endocervical curettage, colposcopy-directed biopsy and/or surgical consultation.

Clinical Screening Services

Clinical screening services include mammography, clinical breast exams, Pap tests, and bimanual pelvic exams. Because of the need for clinical breast exams and bimanual pelvic exams, clinical screening services also include an office visit with a primary health care provider.

Consulting Health Care Provider

The consulting health care provider is the enrolled medical service provider who provides consulting services for diagnostic procedures. Consulting services may include the same screening services provided by a primary health care provider as well as referrals for diagnostic procedures that may require surgery. Consulting health care providers are generally breast specialists or OB/GYN specialists.

Data Collection Forms

The term "data collection forms" refers to two categories of forms:

- Eligibility and Enrollment—includes a client's "Informed Consent and Authorization to Disclose Health Care Information."
- Minimum Data Elements—consists of the "Breast and Cervical Screening Results" and "Abnormal Breast and Cervical Screening Results" forms. These forms record the data—known as "minimum data elements"—that the MBCHP must report to the CDC. Primary health care providers and consulting medical service providers are responsible for completing these forms and forwarding them to the administrative site.

Enrolled Medical Service Providers

Enrolled medical service providers are the licensed health care providers and facilities enrolled in the MBCHP to provide clinical screening services, including mammography, Pap test evaluations, clinical breast exams, bimanual pelvic exams, and the diagnostic tests listed in Appendix H. The term medical service provider covers, but is not limited to, medical doctors (including residents), doctors of osteopathy (including residents), physician assistants, clinical nurse specialists, nurse practitioners, radiology facilities, cytopathology laboratories, and surgical facilities.

Montana Breast and Cervical Cancer Treatment Program

The Montana Breast and Cervical Treatment Program provides basic Medicaid benefits to women in need of treatment for breast or cervical cancer, including pre-cancerous conditions. To be eligible for benefits, women must be screened through the MBCHP.

MBCHP Policy and Procedure Manual

The MBCHP Policy and Procedure Manual is for use by administrative sites and enrolled medical service providers. The MBCHP will review and update the manual annually or as changes in policy or procedures occur. Administrative sites and enrolled medical service providers must follow the guidelines outlined in the manual. Updated manuals available on www.cancer.mt.gov.

Non-Screening Activities

Local Coalitions and Partnerships

Local coalitions and partnerships are made up of a variety of partners who share a commitment to the success of the MBCHP. Administrative sites are responsible for building local coalitions and working with them to address local needs, establish partnerships to expand and maximize resources, promote delivery of MBCHP services, and to define how MBCHP clients can access additional diagnostic services and treatment beyond those provided by the MBCHP. Local coalitions will assist administrative sites with volunteer activities and with identifying local resources and referral agencies. Members of local coalitions and partnerships—one representing each administrative site—will sit on the Comprehensive Cancer Coalition.

Professional Education

The MBCHP professional education goal is to increase health professionals' knowledge and skill in the early detection and control of breast and cervical cancer to ensure that women receive appropriate and high quality screening, diagnostic and treatment services. Through professional education, the MBCHP seeks to identify gaps in the knowledge, attitudes, and practices of health professionals and to improve the standards of practice. Activities include conferences, workshops, and training provided at the state and local level. An administrative site's regular liaison work with enrolled medical service providers is also considered part of MBCHP professional education.

Public Education

Public education refers to activities conducted through the three-tiered approach (statewide/broad-based message, community-based interventions, and one-to-one outreach) to increase the number of women screened and rescreened within the target population. Activities include: educational campaigns, development and dissemination of public information materials, coalition support, community involvement with outreach, and client recruitment through targeted 1:1 outreach.

Quality Assurance and Improvement

The MBCHP ensures quality of screening services through routine data reviews and audits. The MBCHP Policy and Procedure Manual describes the quality of service required. All enrolled medical service providers and administrative sites must meet the requirements outlined in the manual. To ensure quality of services, the MBCHP Quality Assurance Nurse will review clinical data reported to the program weekly and will review administrative records and individual client records and medical files as needed.

Surveillance and Evaluation

In carrying out its surveillance and evaluation responsibilities, the MBCHP maintains a data system to collect, edit, manage, and improve the quality of data, to ensure that:

- women with normal results are recalled for subsequent examination.
- women with abnormal screening results receive appropriate and timely diagnostic and/or treatment services.

Primary Health Care Provider

The primary health care provider is the enrolled medical service provider to whom an MBCHP client is referred initially—generally the first medical service provider contact for the client. The primary health care provider can be the client's medical home or clinic, community health center, family planning clinic, private clinic, or individual health care provider. The primary health care provider refers the client for mammography, forwards cervical specimens, receives and reports test results, and completes and forwards MBCHP data collection forms. The primary health care provider refers the client for additional diagnostic tests or consultation if necessary.

Provider Liaison

The MBCHP administrative sites serve as a liaison between enrolled medical service providers and the MBCHP state office. In this capacity and on behalf of the Montana

Department of Public Health and Human Services and the MBCHP, the administrative site is a provider's local contact for screening support services, client information, and reporting. The MBCHP provider liaisons will:

- identify and recruit all potential medical service providers.
- enroll medical service providers.
- train enrolled medical service providers and their staff on CDC and MBCHP guidelines for screening, billing procedures, data collection, and reporting.
- communicate with enrolled medical service providers about client test results.
- receive and review MBCHP data collection forms submitted by enrolled medical service providers.
- forward data collection forms to the MBCHP.
- assist the billing vendor in resolving claims and reporting problems.
- ensure that enrolled medical service providers comply with MBCHP clinical screening guidelines.

Screening and Rescreening Goals

The MBCHP's screening goal refers to providing, over a defined period of time, comprehensive breast and cervical cancer early detection screening to a specific number of women. A specific goal is set individually for each administrative site. Rescreening refers to providing subsequent breast and cervical cancer screening (rescreens) annually or as indicated.

Screening Support Services

Client Case Management *

Client case management is the component of the MBCHP that establishes, brokers, and sustains the system of clinical services (screening, diagnostic and treatment) and support services provided to MBCHP clients.

Client Intake

Client intake means to determine the eligibility of individual clients, based on their age and financial status, regardless of whether the intake results in a screening.

Client Referral

Client referral means to provide a client with a list of enrolled medical service providers from which to choose, or in the case of a cancer diagnosis, refer a client to the Montana Breast and Cervical Cancer Treatment Program.

Client Tracking and Follow-up*

Client tracking and follow-up means to assist a client who has received abnormal screening results in obtaining diagnostic services, and, if necessary, treatment.

Tracking and follow-up also includes ensuring that accurate and complete data collection forms are forwarded in a timely manner to the MBCHP Data Manager.

One-to-One Outreach

Client outreach means to communicate with current or potential clients, their friends and family to:

- provide health education about the early detection of breast and cervical cancer.

- identify women who might be eligible to participate in the MBCHP through targeted activities that identify potential clients with a specific recruitment message.
- determine a woman's eligibility.
- enroll new MBCHP clients.

One-to-One outreach is a twofold activity. It encompasses both recruitment efforts and screening efforts.

1:1 Recruitment – interpersonal interactions that target women who will receive a specific recruitment message and target the public education message for subsets of women. The target population of women ages 50-64, 200% poverty level, etc. can be broken into many subsets of women. A subset should be defined by local demographic information.

Examples of subsets are:

- Women ages 50-55 who are still in the workforce.
- Women ages 55-60 with mental illness.
- Women ages 60-64 who are rural ranch women.
- Women ages 50-55 who are American Indian.
- There are many other subsets of women that may be a priority.

Identify the subset of women, determine how to get the message to the subset, design a targeted message for the subset of women, and then initiate the effort to deliver the message.

1:1 Screening – one-to-one support services include making a home visit, having the woman make an office visit, or otherwise having initial personal contact with the woman to initiate screening. Further support services may include making the woman's calling the woman after the appointments to assess for appointment compliance, abnormal results and whether the experience was a positive one. This outreach activity assures each woman moves through the screening process in a timely manner, helps with the initiation of case management, and gives the administrative site the ability to evaluate their interpersonal interactions.

After recruitment, initiate screening with interpersonal contact, assist with appointment scheduling, and interpersonal follow-up to determine appointment outcome.

Target Population

The MBCHP's target population consists of women who:

- are 50 to 64 years of age.
- are uninsured or underinsured.
- have a family income at or below 200 percent of the current Federal Poverty Level scale (see Appendix D).
- belong to racial, ethnic, and cultural minorities, have disabilities, or who live in rural and frontier counties of Montana.
- women rarely (who have not had a Pap test within the past 5-years) or never screened for cervical cancer

*A key difference between case management and tracking and follow-up is that case management refers to a broader system and should be provided in “real time”. A plan should be developed for the client addressing her needs and access barriers, and coordination or brokering services provided to assure diagnostic and/or treatment services are accessed in a timely manner. Tracking involves data systems to monitor a client's receipt of services. Tracking is not conducted in “real time”. Follow-up can occur as

part of case management or tracking because it involves the actual provision of clinical services following an abnormal screening result and/or diagnosis of cancer.